Name in Full

Certificate of Death

Elenor Bell

Died at Town, Princess Anne County, Somerset MARYLAND

Date 189? Month July Day 13 | Age Y. 85 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow | ~~Widower~~ | Divorced | Number of children living None.

Husband of
Wife

Fether's Namo

Mother's Name 57

Cause of Death — Primary

Immediate: Heart Trouble

How long sick: Sudden

Accident, Suicide, Homicide

Reported by Dr Bainright

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7A8AR

Attended by Dr. Wainright

of 29

Seen by Coroner 9'

of

Information contained in this certificate received

from

of Wm Wadsworth 25 9r

Undertaker

Name In Full

Certificate of Death

Geo W. Cole

Died at Town: Mount Vernon County: Somerset MARYLAND

Date 189 Month: February Day: 24 | Age Y.: 42 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 2

Husband of: Geo W. Cole

Wife: Eliza E. Cole

Father's Name

Mother's Name

Cause of Death — Primary: 148

Immediate: Drowned

How long sick

Accident, ~~Suicide, Homicide~~

Reported by: Geo W. Simpkins

Address: Mount Vernon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full 7.21.1899 Certificate of Death

Mary Frances Cottman.

Died at Town near Princess Anne County Somerset MARYLAND

Date 189 9 Month July Day 21st | Age Y. 20. M. 5. D. 5. | Nativa of Somerset | Occupation House wife

~~Male~~ / Female ~~White~~ / Colored Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living one

Husband of Wife Samuel J. Cottman. 120

Father's Name Robert Doane. Mother's Name Hennie Doane.

Cause of Death: Primary exposure causing Pre- How long sick 7 weeks.

Immediate Maturo Labor, at 6th mo. and ~~followed or~~ Causing Meltites and Perilonitis rapidly Convalescing, suddenly a ~~Fatal~~ clot of blood.

Address John Todd. M. D. Somerset County Md.

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Mollie Coulbourn — Certificate of Death

Died at Town: Crisfield County: Somerset — MARYLAND

Date 189 9 Month: July Day: 28 | Age Y. 42 M. 4 D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of W James Coulbourn

Father's Name Roderick Miles — Mother's Name Eliza Miles

Cause of Death — Primary: Tuberculosis — How long sick: 6 months

Immediate: Exhaustion 22a — ~~Accident, Suicide~~, Homicide

Reported by W. F. Howell

Address Crisfield Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Name In Full

Certificate of Death

Charles M Cullen

Died at Town: Hopewell Sta County: Somerset MARYLAND

Date 1899 Month: July Day: 6 | Age Y. 25 M. 2 D. | Native of In D | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Philip Cullen Mother's Name: Harriet Cullen

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: R. J. Adams Undertaker

Address: Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. Dr Ward had not attended him
of Brisfield Me

Seen by Coroner

of 8/29

D. J. Simmons, Coroner

Information contained in this certificate

ceived from R. J. Adams

of Brisfield Me

Name in Full

Certificate of Death

Rev. Chas. Ewing

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month July Day 1 | Age Y. 45 M. D. | Native of Kent Co | Occupation P.E. Minister

Male yes White yes Married yes Widow Divorced

Female Colored no Single no Widower Number of children living two 1

Husband of
Wife Anna Ewing

Father's Name Deal Brown Mother's Name Dorl Brown

Cause of Death — Primary: Ptomaine Poisoning 151 — How long sick: 24 hours

Immediate — Accident, Suicide, Homicide

Reported by W. J. T. Somers

Address Crisfield Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Frank Hayes

Died at Town Haimount County Dist Amherst MARYLAND

Date 189 Month 9 Day 7 | Age Y. M. D. | Native of | Occupation

Male [redacted] White Married [redacted] Widowed [redacted] Divorced

Female [redacted] Colored [redacted] Single [redacted] Widower [redacted] Number of children living 3

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Stabbed. 152a | How long sick

Immediate | Accident, ~~Suicide~~ Homicide

Reported by Ledger - Enterprise

Address Procmore Katy 7-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name In Full

Certificate of Death

Ellen Humphreys

Died at Town: Princess Anne County: Somerset MARYLAND

Date 189[illegible] Month: July Day: 17 | Age Y. 70 M. D. | Native of Somerset Co | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of John Humphreys

Father's Name Don't know | Mother's Name Don't know

Cause of Death: Primary Mitral stenosis 5-7 | How long sick Sudden

Immediate Cardiac Spasm | ~~Accident, Suicide, Homicide~~

Reported by Thos. W. Wainwright

Address Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full

Certificate of Death

William Johnson

Died at Crisfield (Town) Somerset (County) MARYLAND

Date 189 6 Month July Day 21 | Age Y. 46 M. — D. | Native of Md | Occupation Labourer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Lizzie Johnson

Father's Name +

Mother's Name r

Cause of Death — Primary: Valvular Disease of Heart — How long sick: 6 months

Immediate: Paralysis 57 — ~~Accident, Suicide, Homicide~~

Reported by W F Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Mrs Sarah Jones

Certificate of Death

Died at Town near Town Ch. County Somerset MARYLAND

Date 189 July 18 | Age Y. 64 M. D. | Native of Co. Wicomico Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living One

~~Husband~~ Wife of George Jones

Father's Name John Livingston | Mother's Name Mollie Livingston

Cause of Death { Primary Don't know | Immediate 16 P

How long sick Did Suddenly

~~Accident, Suicide, Homicide~~

Reported by Dew. Co. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8808

Name In Full Baby Lawson

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 189 9 Month July Day 27 | Age Y. 0 M. 0 D. 1 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Alfred J. Lawson Mother's Name Emma M Lawson

Cause of Death: Primary. Underveloped. 138A

Immediate

~~How long~~ sick

~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Patrick McNamara — Certificate of Death

Died at — Town: Jamaica — County: Dorchester — MARYLAND

Date 189? — Month: July — Day: 19 — Age: Y. 64 M. .. D. .. — Native of: Maryland — Occupation: Fisherman

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: 3

Husband of Wife: Mary McNamara

Father's Name: [illegible] — Mother's Name: [illegible]

Cause of Death — Primary: Heart Disease 57 — How long sick: 6 Month

Immediate — Accident, Suicide, Homicide

Reported by: Wm A Jones

Address: Jamaica Dorchester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79668

Attended by Dr. Edward L. Wilcox

of [illegible]

Seen by Coroner W. H. Jones

of Brunswick Co. Va.

Information contained in this certificate received

from Dr. W. H. Jones

of Brunswick Co. Va.

Name In Full

Certificate of Death

Amelia Muir

Died at St Peters (Town) Somerset (County) MARYLAND

Date 189 9 Month July Day 7 | Age Y. 23 M. 8 D. — | Native of Somerset Co | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Charles Muir

Father's Name Joshua Leatherbury | Mother's Name Mary ann Muir

Cause of Death: Primary Eclampsia 121 — How long sick 10 hours

Immediate Asphyxia — ~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M.D.

Address Crisfield P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70988

Name in Full

Certificate of Death

Emmaline Stevens

Died at Town: Crisfield County: Somerset MARYLAND

Date 1899 Month: 7 Day: 7 | Age Y. 84 M. D. | Native of Somerset Co | Occupation

~~Male~~ Female 1yr | White 1yr | Married | Single | Widow 1yr | ~~Widower~~ | Divorced | Number of children living 9

Husband of

Wife

Father's Name Dan'l Knox

Mother's Name

Cause of Death — Primary: Heart Disease 1 5-7 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address Dr. J. F. Somers Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name In Full

Certificate of Death

Wm. Nutter

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date 189 9 July 12 | Month Day | Age Y. 75 M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living 12

~~Husband~~ Wife of Emma Nutter

Father's Name Wm Nutter

Mother's Name

Cause of Death — Primary 1655 How long sick Sudden

Immediate Heart failure Accident, Suicide, Homicide

Reported by Caleb Nutter, Son.

Address Princess Anne Md.

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989R

Attended by Dr. Jno D— deceased to Thurs

of Co Dashiell Princess Anne

Seen by Coroner .....

of .....

Information contained in this certificate received

from Wm H Smith

of Undertaker

Name in Full

Certificate of Death

Mary Washington Parker

Died at Town: Deals Island County: Somerset Co MARYLAND

Date 189 Month: July Day: 16" | Age Y. M. D. | Native of: Somerset Co | Occupation: Housework

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Number of children living

~~Single~~ ~~Married~~ ~~Widowed~~ ~~Divorced~~ of Wife

Father's Name: Joseph Roberts | Mother's Name: Mary Roberts

Cause of Death: Primary / Immediate: Edampsia 121 | How long sick: Few hours

Accident, Suicide, Homicide

Reported by: F. H. Wilson

Address: Deals Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Gertrude Polk

Certificate of Death

Died at Town near P. Anne County Somerset MARYLAND

Date 189 Month July Day 17 | Age Y. 16 M. D. | Native of | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of ~~children~~ living

Husband of —

Wife —

Father's Name I don't know

Mother's Name I do not know

Cause of Death: Primary Tuberculosis of

Immediate Uterus & Appendix

How long sick —

Accident, Suicide, Homicide

Reported by J. Dale

Address P. Anne Md

22 e

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Dear Doctor, The dead, you
mention, one Gertrude Polk
I saw only once She had been
sick a yrs. as I was told. I thought
then she had Tuberculosis of Uterus &
appendages. I can't get them to come
near me & might fill this blank &
the future to pay
& must decline in
postage &c

Very truly
J. Dale M D

Name In Full

Certificate of Death

Chas Edwin Roberts

Died at Town: Dames Quarter, County: Somerset MARYLAND

Date 189 9 July 30 | Age Y. 3 M. 7 D. — | Native of — | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Chas. Roberts | Mother's Name Ella Roberts

Cause of Death — Primary: Nephritis 97 — How long sick: two months

Immediate: Uraemia — ~~Accident, Suicide, Homicide~~

Reported by P. J. Windsor, Dames Quarter

Address Dames Quarter, Somerset Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name In Full — Certificate of Death

Richard Smith

Died at Princess Anne (Town) Somerset (County) MARYLAND

Date 1899 Month: July Day | Age Y. M. D.: about 70 | Native of: Somerset Co | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: None

~~Wife~~ Husband of Malinda Smith

Father's Name: —— | Mother's Name: ——

Cause of Death — Primary: 84 | How long sick: 1 Week

Immediate: Dysentery | ~~Accident, Suicide, Homicide~~

Reported by Thos. W. Wainwright

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888

Name In Full

Elsie Sterling

Certificate of Death

Died at Town Lusfield County Somerset MARYLAND

Date 189 9 Month 7 Day 20 | Age Y. 2 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | Divorced Number of children living

Husband of

Wife

Father's Name William A. Sterling

Mother's Name Addie May Sterling

Cause of Death: Primary Inflammation of Brain 3 days

Immediate 39a

How long sick

~~Accident, Suicide, Homicide~~

Reported by G. T. Simonson M.D.

Address Lusfield Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Nancy Sterling

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 Month: July Day: 24 | Age Y. 42 M. 3 D. | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ *Widower ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Noah C Sterling

Father's Name Jacob J Cullen | Mother's Name Mary Cullen

Cause of Death — Primary: Pulmonary Consumption — How long sick One year

Immediate: Exhaustion 22a — ~~Accident, Suicide, Homicide~~

Reported by W F Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-98

Name In Full

Mary E Ward

Certificate of Death

Died at Town: Chane County: Somerset MARYLAND

Date 189 9 Month: July Day: 28 | Age Y. 2 M. D. | Native of: ma | Occupation: ~~Occupation~~

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Sam'l. Ward | Mother's Name: Martha Ward

Cause of Death: Primary: Stomach 78 | How long sick: 1 mo.

Immediate | Accident, Suicide, Homicide

Reported by: Wm N Evans

Address: Deals Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74868

Attended by Dr. none

of

Seen by Coroner

of

Information contained in this certificate received

from Harriet Jones

of Chance S.C. mill

Name In Full

Certificate of Death

Eliza Waters

Town

Somerset Co. [illegible]

County

Died at Princess Anne [illegible] MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	July	23rd	75				

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of Wife Ben Waters

Father's Name

Mother's Name

Cause of Death — Primary: 141

How long sick

Immediate: General Debility

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Jas. H. Smith, Undertaker

of Undertaker

Name In Full

Certificate of Death

Oliver H. Waters

Town

County

Died at near Princess Anne Somerset MARYLAND

Month	Day	Y.	M	D.	Nativa of	Occupation
July	13	4				

Date 1899

Male ~~Female~~ ~~White~~ Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Jef Waters

Mother's Name Maria

Cause of Death: Primary

Immediate Typhoid

How long sick

Accidant, Suicide, Homicide

Reported by Father

Address

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 70868

Mr Fairnight
E-29

Jas N. Smith, 1892
Undertaker

Name in Full

Certificate of Death

Odus Waters

Died at St Peters (Town) Somerset (County) MARYLAND

Date 1899 Month July Day 11 | Age Y. 18 M. 9 D. – | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Herbert Waters | Mother's Name Lottie Brown

Cause of Death: Primary Typhoid Fever | How long sick 19 days

Immediate Asthenia Heart failure ~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M. D.

Address Eriole P. O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name In Full

Certificate of Death

George H. Williams

Died at Town: Lewisfield, County: Somerset, MARYLAND

Date 1899 Month: July, Day: 10 | Age Y.: 38 M. D. | Native of: Md | Occupation: Seaman

Male / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | Divorced | Number of children living: 1

Husband of ~~Wife~~: Sallie Williams

Father's Name: Geo. Williams | Mother's Name: Sallie Williams

Cause of Death — Primary: 15-5/6

Immediate: Heart Failure | How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: G. T. Simonson, M. D.

Address: Lewisfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798PR